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ABSTRACT

Presented in the paper are U.S. Office of Education data relevant to the kinds and numbers of handicapped youths (ages 5 to 19 years), and the corresponding special education teachers needed. Also considered are psychological and educational evaluations in the areas of achievement; aptitude; intelligence; interest, preference, and value; temperament, adjustment, maturity; study habit, and motivation; and creativity. It is stated that evaluations should help and should not harm persons, including the poor (the so-called disadvantaged), who are often penalized by middle class tests. A treatment model (developmental, corrective, remedial, educational, and vocational) is advocated. Operant conditioning procedures are especially recommended. (Author)

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CLASSIFYING EXCEPTIONAL CHILDREN AND ADOLESCENTS

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Abstract

Presented in this paper are U.S. Office of Education data relevant to the kinds and numbers of handicapped youths (ages 5-19), and the corresponding special-education teachers needed. Also considered are psychological and educational evaluations in the areas of achievement; aptitude; intelligence; interest, preference, and value; temperament, adjustment, and maturity; study habit, and motivation; and creativity. Evaluations should help and should not harm persons. And this includes the poor (the so-called disadvantaged), who are often penalized cy middle-class tests. A treatment model (developmental, corrective, remedial, educational, and vocational) is advocated. Operant conditioning procedures are especially recommended.

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CLASSIFYING EXCEPTIONAL CHILDREN AND ADOLESCENTS

There are many ways of classifying exceptional persons. However, most classification systems tend to use essentially the same categories with slight variations of nomenclature and, perhaps, more detailed subcategories. The U.S. Office of Education, Bureau of Education for the Handicapped, delineates the following divisions and percentages prevalent for handicapped children and adolescents based on the school-age population 5-19 for the year 1969:

Speech impaired	3.500%
Emotionally disturbed	2.000%
Mentally retarded	2.300%
Learning disabled	1.000%
Hard of hearing	0.500%
Deaf	0.075%
Crippled or health impaired	0.500%
Visually impaired	0.100%
Multihandicapped	0.060%
Total about 10%	

The figures are based on a total school-age population 5-19 of about 60,000,000 persons. Thus, there were about 6,000,000 handicapped children and adolescents in the United States.

The Bureau of Education for the Handicapped also estimated the number of additional special-education teachers needed for the divisions listed:

Speech impaired	16,800
Emotionally disturbed	175,800
Mentally retarded	66,000
Learning disabled	25,500
Hard of hearing	13,300
Deaf	3,500
Crippled or health impaired	12,200
Visually impaired	3,300
Multihandicapped	6,200
Total about	322,600

The relatively small number of additional teachers for the speech impaired and for the learning disabled is because in these two areas the students are generally contacted by itinerant teachers (therapists) in resource-rooms on a part-time-release basis; and there are many speech therapists currently in the schools. Some retarded children are institutionalized and there are many classrooms currently available for them in the school; thereby lowering the need for many additional teachers in this area. On the basis of the above figures it is readily apparent that allegedly the most pressing need is for additional teachers of the emotionally (personally, socially, behaviorally) disturbed.

Another way of classifying exceptional persons would be on the basis of 1) physical characteristics; 2) measurment, skill, and ability characteristics; 3) appraisal, valuational, and attitude characteristics; and 4) social and cultural groupings. Anything else which would give an understanding of the individual in a context should also be considered. Experiment, case study, interview, demography, and examination are important. A biology-psychology-sociological model, an organism-person-context schema is recommended. Teacher, psychologist, social worker, physician--each is critical in the above evaluations.

For the purposes of this paper, the focus will be on the area of measurment, skill, and ability characteristics including:

achievements

aptitudes

intelligences

and appraisal, valuation, and attitude characteristics including:

interests, preferences, values

temperaments, adjustments, maturities

study habits, motivations

creativities

The evaluation of testing (in terms of validity, reliability, norms, format, administration, time needed, etc.) is considered in the Mental Measurements Yearbooks edited by Oscar K. Buros. Psychological Abstracts and Education Index are also very valuable.

Achievement can be defined as what one has learned. Any experience whether educational, vocational, or leisure- time could be evaluated in terms of achievement. The emphasis within the area of achievement-testing is, of course, educational, scholastic, or academic in nature. About eighty-five

percent of educational achievement-testing is non-standardized teacher-testing. The rest of the educational percentage (about fifteen percent) deals with standardized achievement testing.

Aptitude can be defined as the power for further learning, as what one could learn in an area. Any experience whether educational, vocational, or leisure-time could be evaluated in terms of aptitude. The emphasis within the area of aptitude testing is, of course, educational and vocational. In aptitude testing most of the work is relatively standardized--there are few nonstandardized tests. Tests that are used at least attempt standardization. Aptitude and achievement are not mutually exclusive, for one cannot measure aptitude without measuring achievement. Aptitude tests and achievement tests are not the same yet they are very similar. Achievement tests are in large part, assessive and descriptive--aptitude tests are in large part, predictive and interpretative on the part of the examiner and test maker. Aptitude tests are not, then, primarily descriptive or assessive. They are descriptive-interpretive, assessive-predictive.

Intelligence is the most general aptitude, i.e., aptitude for learning in areas of life. Any experience whether educational, vocational, or leisure-time could be evaluated in terms of intelligence. In intelligence testing most of the work is standardized but the standardization may vary from good to poor. Intelligence cannot be measured without measuring achievement. Achievement is a major part of aptitude and a major part of intelligence testing. Intelligence tests are even more interpretive and predictive and less descriptive and assessive than aptitude tests.

Interest, preference, and value are rather self-descriptive. How much interest, how much preference, how much value does an individual place upon an endeavor, a field of learning? Any experience whether educational, vocational, or leisure-time could be evaluated for interest, preference, and value. With this kind of information-seeking, standardized and non-standardized tests are used. The easiest way to determine interest, preference, or value is to ask directly. The more standardized techniques can then be used to corroborate, modify, or multiply the person's expressed goal of learning. Some persons just don't know. They need some objective help and here the tests are useful. But just like aptitude or intelligence, certain requisite experiences are necessary before an individual can make a definitive choice, before an individual's choice is made on a realistic basis.

Temperament, adjustment, and maturity deal with the emotional or interpersonal effectiveness of the learning and the learner. Any experience whether educational, vocational, or leisure-time could be evaluated in this area. But these concepts (temperament,etc.) are even more difficult to nail down, they are even more abstract, abstruse, symbolic, and interpretive than the other test-areas discussed thus far. Here we can usually distinguish between individually administered or group administered (as in intelligence tests) but furthermore between projective and non-projective. Most of the individually administered are projective and the group are non-projective. A group test given to only one individual is still a group-form type of test. In the non-projective techniques a person checks yes, no, or checks yes, no, ?, or checks like, dislike, etc. In a projective technique he subjectively handles the materials to suit his need system. He is not held to two

or three or even seven choice answers--his answers are limited by his ideation only in the context of the general directions. A non-projective test is for the most part test-centered rather than client (individual, person) centered.

Now we come to study habit and motivation. Educational, vocational, or leisure-time experiences could be evaluated in this area. Study habit deals with the effectiveness of the learning procedure. Does the individual utilize techniques that can enhance the learning of goals with efficiency? How to study efficiently--attitudes and techniques are the concern here so that an individual can take full advantage of his educational opportunities. Motivation deals with the strength of the drive or need to learn. Does the individual have the strength, direction, and purpose to learn? Is the motivation internal, external or as in most instances both internal/external? How much inspiration does he need from the goal or from others? Is he easily induced to strive? Does he profit from a motivational climate? How can such a climate be enhanced?

Creativity is the final area for consideration. Educational, vocational, or leisure-time experiences could be evaluated for creativity. As problem solving is to the conscious, creativity is to the pre-conscious. Creativity can lead to new and better things. Imagination is another word for it. Imagination without the immediate hampering of the critical ego. Divergent rather than convergent thinking is required here.

For handicapped adolescents, there are tests in high school in the areas of achievement; aptitude; intelligence; interest, preference, value; temperament, adjustment, maturity; study habit, motivation; and creativity. For handicapped youths in junior high school, many new tests

have been developed and all areas except creativity are relatively well covered. For handicapped children in elementary school, psychological tests have been primarily developed in achievement; intelligence; and temperament, adjustment, and maturity.

But it should be emphasized that evaluation and testing should not harm persons. When middle class tests are given to poor persons (so-called disadvantaged), they do poorly. In intelligence testing, e.g., one should expect about ten to twenty fewer points because of poverty, because of social-cultural differences between poor persons and middle-class tests. And culture-fair intelligence tests (there are no culture-free intelligence tests to date) narrow the gap but do not eliminate it. Mis-classifying a person may harm him, e.g., calling a borderline intelligence person (a dull normal person, or a slow learning person) an educable mental retardate. That person may be educationally handicapped, but he is not mentally retarded.

It should be emphasized that evaluation and testing should help persons. Treatment (developmental, corrective, remedial, educational, and vocational) should be emphasized, not classification. The latter ought to lead to the former and the tie-in should be direct. Toward this end task-oriented (criterion-oriented) tests, and behavioral-analysis (operant-conditioning) techniques are very helpful.

If operant conditioning procedures were instituted in regular classes, there would be less need for special-education classrooms and teachers. Operant conditioning is of great benefit to the emotionally (personally, socially, behaviorally) disturbed and lends itself both to management and to learning. And according to the Bureau of Education for the Handicapped, in special-education the greatest need (for teachers, resources, etc.) is in the area of the emotionally disturbed.